Please type a plus sign (+) inside this box PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

The Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/780,126
Filing Date	02/17/2004
First Named Inventor	David McKay
Title	CONICAL SHELL GRASPING AND RETAINING
Group Art Unit	
Examiner Name	
Attorney Docket Number	NOR1162-031A

I hereby appoint:					
	Customer Number 08698		08698		
	Name	Regis	stration Number		
<u></u>					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the corr	espondence address for the above-identi	fied applicati	on to:		
•	ned Customer Number.				
	OR Place Customer Number Bar Code				
Practitioners at Customer Number  OR  Number Bar Code  Label here					
Firm or	T		· · · · · · · · · · · · · · · · · · ·		
Individual Name	·				
Address					
Address					
City		State	Zip		
Country					
Telephone	<u></u>	Fax			
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name David McKay					
Signature Saint Sa					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below.					
	submitted.				